



MR. STEWART'S CHESHIRE FOXHOUNDS

Cheshire Adult Hunt Clinic

Friday September 8, 2017 through Sunday September 10, 2017

Name: _____

Address: _____

Email: _____ Home Phone: _____

Cell Phone: _____ ICE Contact: _____

Phone: _____

Allergies or other information Instructors should know:

Horse Name: _____ Age: _____ Breeding: _____

Horses level of experience: _____

Rider level of experience: _____

Rider/Horse experience together: _____

Goals you would like to achieve from this Clinic?: _____

Please Sign a 2017-1018 Release, a photo release, a check for \$500 and send along with this form and a current Coggins to:

Cheshire Hunt Conservancy
Post Office Box 528
Unionville, PA 19375-0528

Please contact kirstiegrabosky@hotmail.com or call her at 484-888-9970